

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8			1	0			58						
9				1			59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14				1			64						
15				2			65						
16				1			66						
17			1				67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23			1				73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29							79						
30							80						
31							81						
32			1				82						
33			1				83						
34							84						
35							85						
36			1				86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42			1				92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48							98						
49							99						
50							100						
TOTAL IND.			12				TOTAL IND.						
TOTAL DEP.			30				TOTAL DEP.						
TOTAL CLAIMS			42				TOTAL CLAIMS						

PTO-1380 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
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